

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38206

JAN 21 1932

1. PLACE OF DEATH
 1 County Adair Registration District No. 4
 2 Township _____ Primary Registration District No. 3001
 3 City Kirksville (No. _____, St. _____, Ward _____)
 2. FULL NAME Luther Junior Peter
 (a) Residence, No. 1022 N. Centennial St. _____, Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kirksville (STATE OR COUNTRY) Missouri

13. NAME Luther F Peter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Bulah Stanfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Luther F Peter (ADDRESS) 1022 N. Centennial Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem, Bena Mo DATE 12-18- 1932

19. UNDERTAKER Dee Riley (ADDRESS) Kirksville Mo

20. FILED Dec 21, 1932 Mrs C. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16- 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1932, to Dec. 16 - 1932
 I last saw him alive on Dec. 16, 1932. Death is said to have occurred on the date stated above, at 6:00 P. M.
 The principal cause of death and related causes of importance were as follows:

Diphtheria
(Nasopharyngeal)

Other contributory causes of importance: 10, 1
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify PT Stuebler (Signed) _____, M. D.
 (Address) Kirksville Mo

